

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF FLORIDA

PAYMENT FOR SERVICES

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Amendment 93-57
Effective 10/1/93
Supersedes 93-02

Approval

7-3-96

Revised Submission 2/8/94

*Material moved
to 4.19-A, Part II
SPA 93-52* *Amendment 4.19-B*

METHODS USED IN ESTABLISHING

08/01/93 EMERGENCY SERVICES

Outpatient: Reimbursement to nonparticipating Florida hospitals for outpatient emergency services is the lesser of the amount charged or the lowest of outpatient rates paid to participating Florida hospitals in effect on the date of service.

Reimbursement to nonparticipating out-of-state hospitals for outpatient emergency services is the lesser of the amount charged or the average of outpatient rates paid to participating Florida hospitals for covered outpatient revenue center codes in effect on the date of service.

Reimbursement for laboratory and pathology services rendered in emergency situations is the lesser of the amount charged or the technical component on the fee schedule found in the hospital provider handbook in effect on the date of service.

Amendment 93-32
Effective 8/1/93
Supersedes 93-02

Approval SEP 17 1993

Revised Submission 8/12/93
Revised Submission 9/13/93

REHABILITATIVE SERVICES

- 11/1/84 Community mental health services providers are reimbursed on a fee-for-service basis which is established by the state agency in accordance with 42 CFR 447.304, as appropriate. The reimbursement rate for non-profit and government agencies does not exceed actual costs.
- 10/1/90 In home non-clinical mental health services are based on a fee schedule determined by the state agency and will not exceed the upper limits established through application of the parameters at 42 CFR 447.304.
- 10/1/90 On-site clinical mental health services are based on a fee schedule determined by the state agency and will not exceed the upper limits established through application of the parameters at 42 CFR 447.304.
- 10/1/90 Prescribed Pediatric Extended Care Center Services (PPEC) are reimbursed on a fee for service basis which is established by the state agency and will not exceed the upper limits established through application of the parameters at 42 CFR 447.304. The fee for service includes nursing services, personal care, use of basic medical equipment, and use of basic emergency supplies and drugs, as needed by the recipient during their stay at the center. The reimbursement rate for non-profit and government agencies does not exceed actual costs.

Amendment 90-67
Effective 10/1/90
Supersedes 92-29
Approval 5-12-94

Revised Submission 8/7/92
Revised Submission 2/3/94

Revised Submission 4/26/94

10/1/93 EARLY INTERVENTION SERVICES

Early intervention services are based on a fee schedule determined by the state agency and will not exceed the upper limits established through application of the parameters at 42 CFR 304.

Amendment 93-57
Effective 10/1/93
Supersedes NEW
Approval 7-3-96

3/9/98
(13d)

REHABILITATIVE SERVICES:

School-Based Therapy Services

Reimbursement for school district providers, as public agencies, is based on their reasonable cost of providing services, according to the Office of Management and Budget Circular A-87. Local school districts will certify quarterly that they have expended public funds needed to match the federal share of school-based therapy claims (speech, occupational, or physical therapy) provided to eligible recipients during the quarter. Certified expenditures are separately identified and supported in the local school district's accounting system.

Payment of the therapy group fee is based on percentage reductions of the 15-minute individual visit fee based on the average size of groups in each school district. For example, if the average group size in a school district for PT is two children, the district's group fee is 50 percent of the individual visit fee. If the group size is four, the district's individual rate is divided by 4. There is a maximum of 4 children allowed in OT or PT groups. Not all children in the group have to be Medicaid eligible. The group session is in 15-minute time units.

HMO capitation rates do not include fee for service payments to school districts for school-based physical, occupational or speech therapy services. The state provides assurance that, for school districts participating in the certified payment system, HMO capitation rates do not include fee for service payments and that no duplication of payment will occur.

The costs of providing these services will not be duplicated in any other cost allocation plan.

Amendment 98-08
Effective 3/9/98
Supersedes 98-06
Approved 9/4/98

Revised Submission 8/27/98
Revised Submission 9/1/98

/9/98
(13d)

REHABILITATIVE SERVICES (Continued)

School-Based Psychological Service

Reimbursement will be a state established rate based on 15-minute time units of services, with different rates established depending on the professional level of the individual providing the service and with different rates established for individual or group services.

Reimbursement for school district providers, as public agencies, is based on their reasonable cost of providing services, according to the Office of Management and Budget Circular A-87. In addition, local school districts will certify quarterly that they have expended public funds needed to match the federal share of their claims for services included in the State Plan provided to eligible recipients during the quarter. Certified expenditures are separately identified and supported in the local school districts' accounting systems.

Payment of the group fees are based on percentage reductions of the 15-minute individual visit fee based on the average size of groups for psychological services in each school district. For example, if the average group size for psychological services in a school district is five children, the district's group fee is 20 percent of the individual visit, or the individual rate divided by 5. Not all children in the group have to be Medicaid eligible. The group session is in 15-minute time units.

Managed Care Plans' capitation rates do not include payments to school districts for school-based services. The state provides assurance that, for school districts participating in the certified payment system, Managed Care Plans' capitation rates do not include payments and that no duplication of payment will occur.

The costs of providing these services will not be duplicated in any other cost allocation plan.

Amendment 98-08
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Supersedes 97-12
Approved 9/4/98

Revised Submission 8/27/98
Revised Submission 9/1/98

/9/98
(13d)

REHABILITATIVE SERVICES (Continued)

School-Based Social Work Service

Reimbursement will be a state established rate based on 15-minute time units of services, with different rates established depending on the professional level of the individual providing the service and with different rates established for individual or group services.

Reimbursement for school district providers, as public agencies, is based on their reasonable cost of providing services, according to the Office of Management and Budget Circular A-87. In addition, local school districts will certify quarterly that they have expended public funds needed to match the federal share of their claims for services included in the State Plan provided to eligible recipients during the quarter. Certified expenditures are separately identified and supported in the local school districts' accounting systems.

Payment of the group fees are based on percentage reductions of the 15-minute individual visit fee based on the average size of groups for social work services in each school district. For example, if the average group size for social work services in a school district is five children, the district's group fee is 20 percent of the individual visit, or the individual rate divided by 5. Not all children in the group have to be Medicaid eligible. The group session is in 15-minute time units.

Managed Care Plans' capitation rates do not include payments to school districts for school-based services. The state provides assurance that, for school districts participating in the certified payment system, Managed Care Plans' capitation rates do not include payments and that no duplication of payment will occur.

The costs of providing these services will not be duplicated in any other cost allocation plan.

Amendment 98-08
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Supersedes 98-10
Approved 9/4/98

Revised Submission 8/27/98
Revised Submission 9/1/98

3/9/98
(13d)

REHABILITATIVE SERVICES (Continued)

School-Based Nursing Services

Nursing service reimbursement will be a state established rate based on 15 minute time units with different rates established depending on the professional level of the nurse providing the service.

For medication administration, payment will be based on a reaonable state established cost.

Reimbursement for school district providers, as public agencies, is based on their reasonable cost of providing services, according to the Office of Management and Budget Circular A-87. In addition, local school districts will certify quarterly that they have expended public funds needed to match the federal share of their claims for services included in the State Plan provided to eligible recipients during the quarter. Certified expenditures are separately identified and supported in the local school districts' accounting systems.

Managed Care Plans' capitation rates do not include payments to school districts for school-based services. The state provides assurance that, for school districts participating in the certified payment system, Managed Care Plans' capitation rates do not include service payments and that no duplication of payment will occur.

Amendment 98-08
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Approved 9/4/98

Revised Submission 9/1/98

METHODS USED IN ESTABLISHING PAYMENT RATES

7/1/98
(13d)

REHABILITATIVE SERVICES (Continued)

School-Based Nursing Services by County Health Departments

The reimbursement will be determined by the state agency and will not exceed the upper limits established through the application of the parameters of 42 CFR 447.304. County Health Departments are reimbursed the lower of the state's fee or their charge for the procedure code billed. There is an established fee schedule for the services. The fee schedule is posted in a prominent location in the school.

The nursing services rate will be based on 15 minute time units. Medication administration will be based on a single dose dispensed. Both nursing services and medication administration will have different rates established depending on the professional level of the nurse providing the services.

County Health Departments will certify quarterly that they have expended public funds needed to match the federal share of their claims for services included in the State Plan provided to eligible recipients during the quarter. Certified expenditures are separately identified and supported in the County Health Departments' accounting systems.

Managed Care Plans' capitation rates do not include payments to County Health Departments for school-based nursing services. The state provides assurance that for County Health Departments participating in the certified payment system, Managed Care Plans' capitation rates do not include service payments and that no duplication of payment will occur.

It is normal procedure to seek reimbursement from liable third parties. Medicaid third party information is included on the recipient file and when liable, third parties are automatically billed for services provided and the claims cost avoided.

Amendment 98-12
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Supersedes NEW
Approved 9/4/98

Revised Submission 8/27/98
Revised Submission 9/1/98

3/9/98
(13d)

REHABILITATIVE SERVICES:

School-Based Therapy Services

Reimbursement for school district providers, as public agencies, is based on their reasonable cost of providing services, according to the Office of Management and Budget Circular A-87. School districts will be paid at the state established rate. In addition, local school districts will certify quarterly that they have expended public funds needed to match the federal share of school-based therapy claims (speech, occupational, or physical therapy) provided to eligible recipients during the quarter. Certified expenditures are separately identified and supported in the local school district's accounting system.

All certified expenditures are incurred in accordance with provisions of the Social Security Act, implementing regulations and Florida's approved Medicaid State Plan.

HMO capitation rates do not include fee for service payments to school districts for school-based physical, occupational or speech therapy services. The state provides assurance that, for school districts participating in the certified payment system, HMO capitation rates do not include fee for service payments and that no duplication of payment will occur.

Amendment 98-08
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Supersedes 96-11
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